ATTACHMENT A

Questions and Answers
RFQ VA797H-15-Q-0018
VISN 11 PACS

1. **Question**: Can you tell me what the cardiology exam volume is for each site that is looking to be part of this project?

   Answer:
   Northern Tier- Ann Arbor, Battle Creek, Detroit & Saginaw- Approximately 3,000 echos per year and 1,000 cath procedures

   Southern Tier- Indianapolis, Northern Indiana (Fort Wayne and Marion campuses) & Danville- Approximately 3,000 echos per year and 1,000 cath procedures

2. **Question**: Can you tell me what is the expected number of legacy studies that will be migrated as part of this project? Can I assume that all the studies currently reside locally at each site? Or are they today part of a central archive?

   Answer:
   Echo- 6,000
   X-Ray- 2,000
   Nuclear- N/A
   Other DICOM- N/A

   Studies reside at two sites- Ann Arbor supports Northern Tier (Ann Arbor, Battle Creek, Detroit & Saginaw), Indianapolis supports Southern Tier (Danville, Indianapolis, NIHCS (two campuses- Marion & Fort Wayne). 20 TB total

   Virtual servers and archives are at each site for temporary storage.

3. **Question**: On the Visio included in the document you show a central archive with all the sites connecting to this central archive, does this exist today, and are you looking to replace this archive?

   Answer:
   This does not exist today, would be looking for vendor to provide the VNA and integrate with current vm platform.

4. **Question**: As a follow up to number 3, are you looking for a Vendor Neutral Archive as the central archive, to be included in this project and part of the quote?

   Answer:

Yes. Preferably integrated into current vm structure. Would want vendor to provide storage compatible with current virtual platform.

5. **Question**: The document seems to list a series of statements, or requirements for the project, are you looking for the vendors to respond to these questions, with answers, or do you only need a complete quote for the project as described?

   Answer:
   Vendor shall only provide a complete quote.

6. **Question**: Do we need to include hardware along with software in the quote?

   Answer:
   Yes

7. **Question**: C.1 "and interfaces to other systems." Please clarify the number and specific systems to be interfaced. Is confirmation of the ability to interface to other systems sufficient, or is the requirement to provided additional interfaces at the time of Golive? Is the requirement to provide interfaces to new systems-unknown throughout the term of the performance contract?

   Answer:
   There are multiple modalities across the VISN. Will need to interface with EHR which is VA CPRS/ VistA. Images will need to transfer to VistA imaging. VISN GE & Philips EP Labs, Siemens and Philips Cath, Phililps IE 33 ultrasounds, Philips CS50 ultrasounds, Phililps Sparq ultrasounds. Vendor must provide interfaces for go-live. The new interfaces after the standard 12 month warranty would not be included in provisions.

8. **Question**: C.2.1.6 "Technical Approach in response to this Performance Work Statement (PWS)." Is VA797H-15-Q-0018 to be understood as the entirety of the Performance Work Statement or will an additional, formal PWS be provided?

   Answer:
   Entirety of PWS is in this.

9. **Question**: C.2.1.13 "ECG departments." Please confirm that 12-lead and 15-lead ECG management is a specific requirement of this RFP. Will proposals to provide a separate, different vendors' ECG management system be accepted (non-PACS) or is a single cardiology PACS that supports ECG required?

   Answer:
   Yes- 12 & 15 lead ECG management is a requirement. Vendor will need to interface with VISN's current ECG system MUSE Version 8.

10. **Question**: C.2.1.13 "ECG departments." Please confirm that 12-lead and 15-lead ECG management is a specific requirement of this RFP. Will proposals to provide a separate, different vendors' ECG management system be accepted (non-PACS) or is a single cardiology PACS that supports ECG required?

    Answer:
    Yes- 12 & 15 lead ECG management is a requirement. Vendor will need to interface with VISN's current ECG system MUSE Version 8.

11. **Question**: C.2.1.15 "an option for sites to continue using their own echocardiogram reporting systems." Please confirm the reporting solution at each site is currently Prosolv. Please confirm the format and process used to send completed reports from 'their own echo reporting system' to the new cardiology PACS (HL7?). Is acknowledgement of support of an external reporting solution sufficient or should the interface costs to seven separate systems be provided? As an option or turnkey pricing?

    Answer:
    Echo- Prosolv
    HL7
    Interface costs provided as option.

12. **Question**: C.2.1.18 "Retrieval…" Is this referring to the ability for the PACS to query itself, or from another PACS source, such as radiology PACS? Is there an expectation to capture stress test discrete data to automatically populate this data into the echo or nuclear structured report, as specified by IAC (ICAEL / ICANL)?

    Answer:
    It must be able to query itself and retrieve all data that it saves; ECGs, hemodynamics, cath, EP and ECHO images.
    If the technology exists it would be preferable if the ECG and Stress Test data can be downloaded to PACS or saved to PACS as well as the ECG storage system.

13. **Question**: C.2.1.19 "Management of EP lab data." Is there a system in place currently managing this data? In what system is the EP reporting currently being done? Is this an expectation to manage EP data or EP reports?

    Answer:
    Currently in Prosolv. Yes. Yes.

14. **Question**: C.2.1.20 "Integrated or Integration with Advanced Visualization software tools (3D)." Please identify visualization products currently owned by VISN 11, location, number of systems and workstations which will require integration.

    Answer:

ECHO related- Biosense Webster Carto XP, no storage is used. Qlab currently installed.

15. **Question**: C.2.1.25 "A Data Migration Plan associated with costs and timeline for comprehensive storage of existing digital archives (includes CDs) with verification of data – ability to read and migrate DICOM compatible CDs to a Vendor neutral Archive without Vendor propriety tags shall be delivered in accordance with H.1."Number of CDs and number of studies to be migrated? Please confirm that vendor propriety tags are NOT to be migrated.

    Answer:
    Confirmed.

16. **Question**: C.2.1.29 "and CPRS/VistA with an unlimited number of site licenses." Please clarify if PACS interface to site-specific individual CPRS/VistA systems or if all sites interface to a single VistA instance. Where the unlimited number of site licenses applies to VISN 11 specifically?

    Answer:
    Each site has a separate instance of CPRS/VistA. The unlimited number of licenses would be provided to all sites.

17. **Question**: C.2.2.3 "minimum of an estimate of 20 years' worth of VISN's…" Is this requirement for 20 years capacity in addition to migrated studies, or inclusive? Please provide guidance on how to calculate ratio of 'old studies' (10yrs?) versus new studies and estimated growth. Please provide current study volumes at each location as well as projected growth over the next 20 years.

    Answer:
    20 TB for 7 years, extrapolated for 10% growth over next 15 years for 45 TB in first 15 years, with 10% growth projection in years 15-20 for a total of 17.3 additional TB. Full projected system requirements for 20 years would be 62.3 TB.

18. **Question**: C.2.4.4; C.2.4.6; C2.4.7; C.2.4.8; C.2.4.9; C.2.4.10. These hardware specifications appear to favor a specific vendor. If VISN 11 requires a specific hardware configuration, please provide Manufacturer and Model information. If in conformance with DIN-PACSIII and SLA requirements, should vendors propose their recommended hardware configuration or must quote only hardware meeting the technical specifications listed in C.2.4.4; C.2.4.6; C2.4.7; C.2.4.8; C.2.4.9; C.2.4.10

    Answer: Vendors are expected to meet the hardware requirements with their proposed equipment. Where different, hardware requirements and customer needs will be taken into consideration by evaluation team.

19. **Question**: C.2.5.8 "support DICOM query/retrieve." If a license is required to support DICOM Q/R to each device, how many separate devices (PACS, VNA) will be accessed?

    Answer:

Licensing requirements will be based upon vendor proposal. Systems identified in RFQ. Vendor must incorporate VA's VistA Imaging HL7 and DICOM specifications. Vendors must provide a proposal that demonstrates conformance to the VA's specifications.

20. **Question**: C.2.5.8 "support DICOM query/retrieve." If a license is required to support DICOM Q/R to each device, how many separate devices (PACS, VNA) will be accessed?

    Answer:
    Licensing requirements will be based upon vendor proposal. Systems identified in RFQ.

21. **Question**: H.1 "Data Migration Plan associated with costs and timeline for comprehensive storage of existing digital archives (includes CDs) with verification of data shall be provided by Vendor 30 days ARO." As per above, please provide estimated number of studies, total TB, locations and total number of CDs.

    Answer:
    Current storage medium- EMC Celera 120, No DVD/CDs. 20 TB total to be migrated from Ann Arbor and Indianapolis in support of the Northern and Southern tiers respectively.

22. **Question**: L.2.1.2.5 "Responses are due to the NAC, HTME Division no later than: 12:30 pm CDT on May 22, 2015." Please confirm due date 5 Jun 2015 12:30 CDT.

    Answer:
    Confirmed due date of 5 Jun 2015 12:30 CDT, per Amendment 1.

23. **Question**: M.3 Last paragraph discusses an oral presentation, "The specific technical evaluation criteria which must be addressed in the oral presentation are set forth in Paragraph 2, "Oral Presentation Content", below." Please provide the additional content required for the Oral Presentation.

    Answer:
    Oral presentations should provide an overview of the vendor's suggested solution, detailing all information as required through PWS.

24. **Question**: Can you help us understand whether the Cardiac PACs needs to just have a central server at the VISN level or servers at each facility or both? The concern is how/where the data has to flow to – one point versus many in short.

    Answer:
    Both. Vendor shall provide servers at each site (vm preferred), with a central archive (vm preferred) that caches the data each night at minimum.

25. **Question**: The Standard Form 1449 provides that the acquisition is "unrestricted," but designates the NAICS code as 339113 with a size standard of 500 employees. However, Section L.3 on page

16 of the RFQ states that the "anticipated NAICS code for this acquisition is 423450. The size standard is 500." Please clarify the discrepancy and confirm that the size standards provided in both the Standard Form and the solicitation are inapplicable for the purposes of this procurement.

Answer:
The NAICS code for this acquisition is 423450. The size standard is 500.

26. **Question**: The Standard Form 1449 provides that the offer due date is 4:30 CST on 06-05-15. Further, the PACS schedule provided in Section L.4 on page 16 of the RFQ provides that the deadline for Vendors to submit quotes to the NAC is 06-05-15. However, Section L.2.1.2.5 on page 15 of the RFQ provides that "Responses are due to the NAC, HTME Division no later than 12:30 pm CDT on May 22, 2015." Please confirm the offer due date.

    Answer:
    Confirmed due date of 5 Jun 2015 12:30 CDT, per Amendment 1.

27. **Question**: Vendors previously submitted questions and received responses with respect to the VISN 11 Draft Performance Work Statement/Request For Information (RFI) VA797-N-14-Q-0013. Please confirm whether the responses received are or will be incorporated into VA797H-15-Q-0018.

    Answer:
    Responses to the current RFQ VA797H-15-Q-0018 are to be incorporated into vendor quotations.

28. **Question**: In response to Vendors' questions on the 11 Draft Performance Work Statement/Request For Information (RFI) VA797-N-14-Q-0013, VISN 11 indicated that "[e]ach site in VISN 11 has two DS3 circuits to the DECC. Each of the circuits are provided by two different carriers and are connected to two independent routers at each of the facilities. Sites' primary networks are interconnected using DS3 circuits with the exception between Ann Arbor and Detroit which is a gigaman circuit. All VISN 11 sites have redundant links. Can you provide bandwidth and latency information from each site to the centralized data center?

    Answer:
    See Attachment B.

29. **Question**: Section C.2.1.12 on page 4 of the RFQ requires "[c]ardiac Catheterization Workflow archive and retrieval from multiple venues through a single User Portal." Please describe the desired workflow to access the single user portal. Please describe desired workflow to access the single user portal as described in q. XXX.

    Answer:
    The user may be in multiple locations and the interface must look identical from each location and the path to access the information needs to be the same on each computer.

30. **Question**: Section C.2.1.13 on page 4 of the RFQ provides that "[c]linical automation needs of the invasive and non-invasive departments including the Catheterization lab, Electrophysiology (EP) lab, Echo, Stress, Nuclear Medicine, and ECG departments." Please define "clinical automation."

    Answer:
    Clinical automation in this situation can be defined as the automated process in which studies are seamlessly captured in the PACS system as well as EHR through integrated health. This system takes the place of manual steps and labor to create a fully integrated PACS system based upon the facility's workflow.

31. **Question**: Please describe the meaning of "Data Management Connectivity" as provided in Section C.2.1.23 on page 5 of the RFQ.

    Answer:
    Data Management and Connectivity can be defined as the vendor's ability to effectively integrate and manage the data that the systems create in a centralized location. Connectivity can be defined as the vendor's ability to provide central connectivity to studies from each site in a quick an deficient manner.

32. **Question**: Section C.2.1.26 on page 5 of the RFQ requires Vendors to meet a "Nuclear Cardiology Data Retrieval" requirement. Please specifically describe the required workflow for nuclear medicine. Is the requirement to pull from another system, or to post-process nuclear cardiology studies within the proposed system? If the latter, please provide the location, make, and model of the cameras as well as the annual volume per site of nuclear medicine studies.

    Answer:
    Not the latter, only retrieving for viewing purposes. Processing should be done on the NM equipment.

33. **Question**: Section C.2.7.5 on page 8 of the RFQ provides that "[t]he vendor shall provide ongoing Cardiology Information System Training and support to existing and new staff." Please provide a description of the requisite ongoing training (frequency, number of sites, number of participants, etc.).

    Answer:
    Vendor shall provide training to new staff at all seven sites. Vendor shall provide on site training, two courses per site for system maintenance and ongoing training/ updates at minimum quarterly to new or existing staff. Approximately 2-3 individuals per each site (7 sites total) per quarter. Ongoing training can be done remotely after initial on site training and training for each site done in class.

34. **Question** Can the agency clarify whether the 30-day testing period referenced in Section E 1.1 is intended to serve as a separate and distinct testing period from the 30-day deficiency correction period outlined in Appendix 5 of the DIN-PACS III? If so, please clarify whether such 30-day testing period applies solely to the Equipment, or whether such 30-day testing period applies to the System? If Section E1.1 applies solely to the Equipment, please confirm what triggers the start of the 30-day testing period? Alternatively, if Section E1.1 applies to the System as a whole, please confirm that this testing period will begin on Vendor's Notice of Readiness for Inspection of the System as outlined in Appendix 5 of DPIII? Finally, please clarify the criteria for Substantial Clinical Use.

    Answer:
    30 day testing period will be utilized for testing at each facility prior to go-live which includes hardware and integration testing. This will be determined by site lead and vendor respectively based upon Vendor's Notice of Readiness for Inspection. The 30 day deficiency correction is an additional 30 day period. Substantial Clinical Use can be defined as a fully operational and integrated solution that provides for seamless clinical use of all required modalities.

35. **Question**: Please confirm whether Section M.3 on page 17 of the RFQ requires Vendors to include the names/titles of presenters and presentation materials required in their proposal responses.

    Answer:
    Confirmed, vendors are to provide names, titles and presentation materials in proposal responses.

36. **Question**: Please elaborate on the extent and use of Cardiolab at all sites?

    Answer:
    Cardiolab are used in EP and Cath labs in VISN.
    Ann Arbor has Cardiolab.
    Indianapolis has Cardiolab and Combolab.
    Detroit Utilizes Maclab.

37. **Question**: Please confirm the system that is being used for EP recording at each site.

    Answer:
    GE Maclab- Cath & Cardiolab- EP

38. **Question**: Please provide the annual volume for NM, Echo, and Cath for each site.

    Answer:
    Echo- Northern Tier ~3,000, Southern Tier ~3,000
    Cath- Northern Tier ~1,000, Southern Tier ~1,000

NM- N/A

39. **Question**: Does VISN 11 have a secondary data center for DR?

    Answer:
    No

40. **Question**: Can the agency define the size and type of data to be migrated?

    Answer:
    20 TB total , 15 years of cath and echo

41. **Question**: In the last sentence of Section M.3 on page 18 of the RFQ provides that "[t]he specific technical evaluation criteria which must be addressed in the oral presentation are set forth in Paragraph 2, "Oral Presentation Content", below." However, Paragraph 2 is not set forth in the solicitation. Please provide the specific technical evaluation criteria which must be addressed in the oral presentation. Further, please provide additional details with respect to the timeline for oral presentations, and when we are to submit the names, positions and title?

    Answer:
    See section M.1. for evaluation criteria. Language is hereby removed from RFQ VA797H-15-Q-0018.

42. **Question**: Please provide specific modality volume information for the Northern Indiana Health Care System facility in Marion, IN. Is this included in the volume at the Fort Wayne facility?

    Answer:
    Included in Fort Wayne facility- NIHCS is one facility with two campuses- Marion & Fort Wayne

43. **Question**: With respect to Section C.2.2.2 on page 6 of the RFQ, have you defined the primary data center and the secondary datacenter? Are the datacenters attached to one of the VA facilities?

    Answer:
    Primary data center- Ann Arbor
    Secondary data center- Indianapolis
    Both attached to VA facilities

44. **Question**: C.2.1.24. Migrate legacy images from all existing imaging repositories in order to build a single, common VISN 11 Cardiology Information PACS image library. Number of studies per DICOM system to be migrated including vendor make/model/software rev. (it's not in there). Also the type of media that it is stored on (tape, MOD, DVD, Spinning DISC).

Answer:
20 TB, ~6,000 echos, 2,000 x-rays on EMC2 Celera 120 SAN/NAS (Spinning Disk)
No individual DVD/CD appliances, No optical media, no exams on SATA.
Also virtual servers and archives at each site for temporary storage.

45. **Question**: Number of desired hardware "workstations" per facility. Can you specify the A. the number workstations that are duel monitor (for Cardiology Reading room), B Single monitor (for Technologist work), per facility.

    Answer:
    Tertiary Care Facilities- (Ann Arbor, Detroit, Indianapolis)~5 Dual and 10 Single each
    Other Sites- (Battle Creek, Danville, NIHCS and Saginaw) ~3 Dual and 7 Single each
    Final numbers to be determined with site and COR.

46. **Question**: Two submission dates given – Please clarify which due date is the correct one.

    Answer:
    Confirmed due date of 5 Jun 2015 12:30 CDT, per Amendment 1.

47. **Question**: C.2.2.3 – The storage capacity call for the archive to be able to support 20 years of studies. Just validating the number years is actually 20 years. For reference sake, what is typically seen in 5 to 7 years for image storage.

    Answer:
    Anticipate ~20 TB for 5-7 years

48. **Question**: L.1.4 – Currently GE is in line for the validation effort regarding the HL7 validation to VISTA. Today, the GE PACS solution is on the VA's validated list of vendors and applications. The specifications for the Cardiology effort are closely related and in fact are the same for much of the interface effort. With the GE (any vendor) being in line for the validation effort, will the proposals still be considered?

    Answer:
    No. See L.1.3. The items offered in vendors' responses to this RFQ shall be on their current contract by the Vendor quote submission due date or will not be considered.

49. **Question**: Will appendixes count towards the 50 page limit ?

    Answer:
    No.

50. **Question**: Section C.2.1.3 In regards to your present Echo Information Management System (Prosolv), it is suggested that the proposed CIS system should be able to allow the ProSolv system to remain in use until a replacement occurs. Section C.2.1.3, however, indicates that we should be providing a NEW Echo image management and reporting solution.
    a. Will the new system replace the existing Prosolv system(s)?
    b. Is the existing Prosolv system an Enterprise System operational in all 7 facilities today? Or Does each of the 7 Facilities have an independent Prosolv system?
    c. What is the expected timeline for the replacement of the Prosolv system(s) across VISN 11?

    Answer:
    a. **Yes**
    b. **Yes- all using Synapse Cardiovascular Client 4.0.8**
    c. **Timeline of this solicitation- First site going live Fall 2015**

51. **Question**: Section C.2.1.4 In regards to your present Cath Lab Hemodynamic Monitoring and Reporting Solution (GE MacLab), are you looking to replace the entire system with a new Hemodynamic Monitoring and Reporting Solution?
    a. If not, will the system proposed be required to perform the Physician Reporting for the Cath case and interface to the GE MacLab Hemo front end monitoring system?
    b. How is Physician Reporting performed today (within the MacLab System? Via Dicatation? Within Vista?)?
    c. What system is presently used for image management of the Cath Lab images?
    d. Is the GE MAC an Enterprise wide system with a Centralized Server or individual systems at each of the 7 facilities?

    Answer:
    a. **No. Not replacing Hemodynamic monitoring system and will not be used for reporting in Cath Lab.**
    b. **Everyone uses CART CL national program for reporting Cath Lab**
    c. **Prosolv**
    d. **Individual at each site**

52. Question: Section C.2.1.9 Please provide a complete list of all the required interfaces that the CIS solution will need to support as noted in this section.

Answer:
There are multiple modalities across the VISN. Will need to interface with EHR which is VA CPRS/ VistA. Images will need to transfer to VistA imaging. VISN GE & Philips EP Labs, Siemens and Philips Cath, Phililps IE 33 ultrasounds, Philips CS50 ultrasounds, Phililps Sparq ultrasounds. Other equipment/ interfaces outlined in RFQ.

53. **Question**: Section C.2.1.13 This section indicates that the clinical automation needs of the invasive/non-invasive departments of Cath, EP, Echo, Stress, Nuc Med, and ECG need to be met by the CIS solution. Please clarify what your mean by "clinical Automation needs"?
    a. Does the CIS own the creation of the reports in each of these areas or does it simply integrate reports that are performed and exported by the dedicated modality IT systems in these areas?
    b. Please describe your present Stress, Nuc Med, and ECG solutions that exist within VISN 11.

    Answer:
    a. Only exports existing reports.
    b. MUSE is the ECG and Stress storage system. The studies are uploaded automatically, read in MUSE by a Cardiologist and available in Vista Imaging for review.

54. **Question**: Section C.2.1.18 Please identify from which systems we are to retrieve the ECG for display, Stress Test results, and Pacemaker data.
    a. Is it expected that the CIS will be the primary image management solution for management of Echo and Cath images?
    b. What image management solution is being used in the Cath Labs today?

    Answer:
    a. **Yes**
    b. **Prosolv**

55. **Question**: Section C.2.1.20 Does the VISN 11 today employ a particular Advanced Visualization tool? If so, please identify the AV solution?
    a. Is VISN 11 requesting a proposal for an Advanced Visualization tool as a part of the CIS solution?
    b. Please list all desired capabilities and expected functionalities of a proposed AV solution.

    Answer:
    a. No
    b. N/A

56. Question: Section C.2.1.22 You have requested a "more streamlined process" for Cath image archiving and retrieval. Please describe the current process so we can address making it more streamlined.

Answer:
Vendor to propose their automated solution for team's evaluation.

57. Question: Section C2.1.24 Please describe the data management connectivity desired and to which system are we expected to connect?

Answer:
There are multiple modalities across the VISN. Will need to interface with EHR which is VA CPRS/ VistA. Images will need to transfer to VistA imaging. VISN GE & Philips EP Labs, Siemens and Philips Cath, Phililps IE 33 ultrasounds, Philips CS50 ultrasounds, Phililps Sparq ultrasounds.

58. **Question**: Section C.2.1.24/25 Please provide a detailed list of ALL the referenced "existing imaging repositories" from which legacy images are to be migrated. Please identify the type of studies, size of studies, and total volume of studies to be migrated.
    a. For the data migration- Can VISN 11 provide in total amount of data in Terabytes (TB), study types for the proposed data/image migration?
    b. Can VISN 11 also provide the nature of the existing archive(s)/data storage where the data will be migrated from?
    c. What is the nature of the newly proposed archive that the data will be migrated?
    d. Is the vendor expected to propose a long term archive solution for VISN 11?

Answer:
a. **20 TB**
b. **Celera NAS, no opticals.**
c. **Vendor to provide- preferably vm platform compatible with current VA**
d. **Yes**

59. Question: Section C.2.1.26 Please identify what Nuclear Cardiology data you wish to be retrieved by the CIS solution. If there is a Nuc Med IT solution being used, please identify make/model.

Answer:
No.

60. Question: Section C.2.1.29 Please describe in detail the nature of the seamless integration that you expect between the Cardiology Information PACS System and the CPRS/VistA. Types of data exchanges? Method for data exchange? Etc.

Answer:
ADT orders in. Results out. PACS must also be able to integrate with VistA imaging. Method for data exchange will be via HL7. PDFs to transfer for reports etc.